

MONTANA CHEMICAL DEPENDENCY CENTER PATIENT GRIEVANCE FORM

INSTRUCTIONS: Prior to completing this form, please make every attempt to resolve your issue in an informal matter. If you cannot arrive at a satisfactory resolution and you feel you need to file a formal grievance on a violation of the Patient Bill of Rights, please read the Patient Grievance Procedure carefully and follow its guidelines.

1. What patient right (s) do you feel were violated?

2. What was the date, time and place that the alleged violation took place?

3. Please indicate who you feel violated the right(s) you indicated in number 1?

4. Please describe, in as much detail as possible, the incident that you believe violated your patient rights. You may use additional sheets of paper if necessary.

5. What do you feel would resolve this issue to your satisfaction?

Print your Name:

Signature: _____ Date: _____

Complete this section only as it may be applicable: This grievance was resolved informally on (date)

with (staff) _____ Patient Initials: _____ Staff Initials: _____